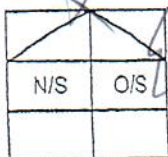


ASSIGNMENT

LOE 2022 Apr. 1.
2007, May

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Willy

Veh No: FBB6054X Yr Regn: 2007, May
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha T135 c.c. 135
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 451948 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 59P205776
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 70/90K17
R: 100/90K17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or MAXXIS
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. _____ D.O.I. 21/1/21ESpm
Survey held at Equator Buena Vista
Des. of Damages: F / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction 90113391

SUBMIT PRS REPORT

REPAIR RANGE \$3000 - \$4000

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B. / C. _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL